



06-05-06

AF 22W  
\$

Express Mail No. EL 989611907 US

**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (To be used for all correspondence after initial filing)	Application No.	09/586,744
	Filing Date	June 2, 2000
	First Named Inventor	Harrington et al.
	Group Art Unit	1652
	Examiner Name	Saidha, Tekchand
Total Number of Pages in this Submission:	Attorney Docket No.	375461-043USR1 (358012)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (IDS) / PTO-1449 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Notice/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After-Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC ( <b>Appeal Notice, Brief, Reply Brief</b> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s): <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Check for \$ _____ <input checked="" type="checkbox"/> Authorization to Charge Deposit Account No. 50-2778
<b>Remarks:</b>  Please address all correspondence to Customer Number 37509		

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Signature		Date	June 2, 2006
Name	Ann M. Caviani Pease Reg. No. 42,067	Telephone	650.813.4851
Address	P.O. Box 10004, Palo Alto, CA 94303	Facsimile	650.813.4848